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INTEGRATING PARADIGMS



by Justine E. Owens, PhD

Justine E. Owens, PhD, has been engaged in psychological research since 1971 and performed doctoral research on human memory and lucid dreaming at Stanford University. A faculty member of the University of Virginia, Dr. Owens has researched over 500 cases of the near death experience (NDE) as the basis for a book in progress. She has been associated with The Monroe Institute as a consultant since early 1994. In this paper, Dr. Owens addresses the challenges of rigorous investigation of ineffable experiences, such as those in the purview of Hemi-Sync. Using the NDE as a model, she demonstrates that scientific research is both feasible and a crucial component of the developing cultural paradigm shift.

Studies of the near death experience (NDE) illustrate the challenges and also the impact of doing scientific research on complex inner experiences. The now familiar NDE feature list has stood the test of twenty years of research. The out-of-body experience, a distinctly felt shift in the passage of time, ineffability, strong feelings of serenity and other positive affects, unusual perceptual and cognitive clarity, compelled movement toward a bright but not harsh white light, and thoughts or conversation about returning, just prior to the end of the NDE, are all frequently reported in association with medical crises.

Our culture is enamored of separating digital, analytic, linear, scientific thinking from the analog, holistic, simultaneous, or primary process. This manifests as resistance to doing scientific research on something as ineffable as the NDE. As many have recognized, research on transcendent experiences demonstrates the power of the two modes interacting. Going beyond the dualistic view of human experiences—either you are an artist or you are a scientist and never the twain shall meet—is part of the current cultural evolution. The either/or mentality is often at the root of the dismissive biases which impede progress in consciousness studies.

The cultural bias to dismiss the liminal world experience can be heard in everyday phrases often repeated to children: "that's just your imagination" and "it's only a dream." Being told "it's all in your head" is said as if that meant "it" was nowhere, as if "it" didn't really exist. The current fascination with virtual realities seems ironic because virtual reality can't hold a candle to the imaginal spaces that people can enter on their own. NDEs and other transcendent experiences offer much more in terms of personal meaningfulness and transformative power. Perhaps virtual realities will be a bridge to a greater appreciation of inner realities. We are in the midst of a revolution focusing on the study of consciousness. This topic has actually moved into the mainstream, after being

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ignored for decades by the academic community. Recognizing the cultural biases that tend to dismiss inner worlds—and dismissing them in turn—can help to defuse these attitudes and empower the role of inner experience in our culture. Conducting research which bridges this work to the mainstream traditions will also facilitate change. Documenting cases which are not easily explained in the current scientific worldview could play an important role in revisioning that worldview. Publication of research in this area is timely and can very much facilitate the developing cultural change.

Four Cultural Biases Dismissive of Inner Worlds

I became attuned to society's biases around the study of NDE through the pain of those who shared their experiences with me. NDEs can potentially transform lives and are often of the deepest meaning and significance. However, NDEs and other mystical experiences are discounted in several ways. Four prevalent beliefs underlying a dismissive attitude toward NDE's are:

1. You cannot do scientific research on subjective experience because it is not "really" real and cannot be measured.
2. Unless people reporting NDEs were clinically dead at the time, the experiences weren't real.
3. A good physiological model of the NDE provides the basis for dismissing its spiritual power or significance.
4. People reporting NDEs or other mystical occurrences, if not mentally ill, at least should not be taken as seriously as those with a firmer grip on reality.

Scientific subject matter has no rigid boundaries. However, resistance to work outside the mold of accepted thinking is typical. In the case of the mystical, one prevalent bias comes down to simplistic concepts of measurement. Just because a yardstick can't measure it, doesn't mean it can't be measured. Studies of psychophysical complementarity, which measure the physiology accompanying subjective experience, are one way to objectify inner worlds. This concept has been elegantly demonstrated in experimental studies of lucid dreaming. Execution and publication of these studies has changed views of consciousness during physiologically verified sleep, as well as what can be investigated scientifically. Quantifying the consistency of narrative structure—the pattern, order, and organization of human experience—can also objectify inner worlds. The remarkable consistency of NDE reports is an excellent example of a strong ordering principle at work in the inner life. Finally, psychological inventories, such as the Mental Absorption scale, measure individual differences in inner world engagement with demonstrated validity and reliability.

About half of those reporting NDEs were not clinically dead, by blind, independent rating of medical records. The media and most "skeptics" are naturally drawn to the cases with documented loss of vital signs because of the possibility of confirming disembodied consciousness. However, most physicians would say that if you return to life, you were never dead, and most NDE researchers concur that NDEs do not constitute evidence for immortality. Unfortunately, emphasis on confirmed physical death places the significance of a large proportion of these experiences in question. It fuels the tendency to dismiss profound inner shifts unconnected with medical circumstances.

Using a neurophysiological explanation as a basis for dismissal parallels the loss of vital signs requirement. The reasoning is encapsulated in the rationale: If the brain is alive during the NDE, then the NDE must be the result of electrochemical changes in response to the trauma. Once these are

understood, then the NDE will be explained away. Scientific explanation is used to undermine the numinosity of spiritual life, another manifestation of dualism.

Quotes from NDE reports illustrate the psychopathology bias:

"At the time I mentioned my near death experience my doctor advised me to put it out of my mind and not tell anyone else about it. I believe he thought it would cause me to appear unbalanced."

"I spoke of this experience, which I always imagined to be just a bad dream while being anesthetized, to several medical people—psychiatrists. And I always got the same reaction. No comment, a polite change of subject, as though they thought I was some kind of dingbat and they were not going to dignify my hallucination with a comment."

In clear contrast to this bias, research has shown that the NDE group is a representative sample of the normal population.

"Sonya Live," a talk show on CNN, is one of many that have done shows on the NDE. The shows give greater attention to the NDEs, but the previously described biases are typically expressed. For example, Sonya asked Betty Eadie, author of a record-breaking best-seller about her NDE, "Would it make a difference if this was your personal experience, something that you created, something that you experienced within, as opposed to something that actually happened?"

Betty Eadie stated emphatically, "I know I died. I know I died clinically, I know that I died in that I was told I had died."

Eadie minimized the experience of John, another guest, as "more of an out-of-body rather than an actual death." It was implied that what happened to him was less significant for that reason. The complete remission of John's pancreatic and liver cancer seemed to restore some validity in the eyes of the interviewer. However, John stressed that his life change "really boils down to that I was able to live in the moment. Before the experience I was focused on the future. After the experience the moment was very important. How to live life completely with the gift I was given, for the moment I was given, is where I have been ever since."

Mental Absorption and the NDE

Several NDE studies indicate that persons who report NDEs score high in Mental Absorption, which is a normal dimension of the human personality. Mental absorption is defined as: "the disposition for having episodes of total attention that fully engage one's representational (that is, perceptual, active, imaginative, and ideational) resources. This kind of attentional functioning is believed to result in a heightened state of the reality of the attentional object, imperviousness to distracting events and an altered sense of reality in general, including an emphatically altered sense of self" (Tellegen). You might say that those scoring high on the Mental Absorption scale are virtual reality generators par excellence with the ability to create and sustain extremely absorbing inner worlds. The scale is one way to measure variations in that capacity.

Delving further into the relationship between NDEs, nearness to death, and Mental Absorption, the pattern becomes even more interesting. In a high proportion of surgery and accident cases, death is not deemed imminent and there is no loss of vital signs. Cardiac cases, on the other hand, have a high proportion of loss or near loss of vital signs. Surgery and accident Mental Absorption scores tend to be above the norm, whereas in the cardiac cases average scores fall below the norm. Therefore, Mental Absorption capacity may play a stronger role in NDEs without a loss of vital signs.

The Importance of Documenting Unusual Cases

Enhanced psychic ability is frequently reported to accompany NDEs, although many of the reports are weak in objective evidence. In one unusual case, a woman had a medical crisis in the middle of the night. Her family and her minister were called to the bedside. She was in Virginia, and simultaneously in North Carolina an automobile accident took place in which a cousin of her grandchild was killed. The woman had a classic NDE and in the midst of it, a vision of an accident. She told her family of her vision and they thought she was delirious until they later found out that the family member had been killed, at the same time as her medical crisis, in an accident as she had described.

This was a relatively rare coincidence of an actual, verifiable tragedy many miles away that coincided with an NDE. Similarly, John's remission from pancreatic and liver cancer is a rare medical event, which he attributes to his NDE. It is important to document cases such as these. Good research and documentation in sufficient numbers would help to change the biases that work to discount such reports. The cumulative effect is a powerful opportunity for personal and cultural transformation.



COMBINING HEMI-SYNC AND REIKI HEALING



by Carol Sabick-Quinn, MBA

Carol Sabick-Quinn, Reiki master and Monroe program graduate, operates a center in Jerez, Spain. Carol combines a background of working with sound through the construction of musical instruments with more technical training as a lawyer and businesswoman. She approaches healing with a special interest in using sound technology and frequencies to assist in personal development and health maintenance. At her center, METAMUSIC is a constant support for Reiki sessions. Studies are underway on METAMUSIC enhancement of the healing process for both recipients and practitioners. Other sound modalities in use include Cymatics, voice analysis, and natural music from a special monochord.

Reiki is a natural healing method which works through laying on of hands in a prescribed pattern. The Japanese word means universal life force or universal energy. It has been used since ancient times and is natural to all human

beings. The ability to use it can be learned through the system outlined by Dr. Usui, who rediscovered the possibility of teaching healing in the mid-1800s. Dr. Usui was dean of a small Christian college in Japan. His graduating students asked him why he didn't know how to heal, since Christ had said that we would "be able to do everything that he had done and even greater things." Their question inspired the dean to resign and seek the answer.

He studied old texts in the monasteries of Japan, earned a doctor of theology degree at the University of Chicago, and talked to many religious leaders in the United States. Then Dr. Usui learned Sanskrit and continued his search in India and Tibet, where he found a description of healing in ancient Buddhist traditions. Still, he could not do healing. Back in Japan, during a twenty-day fast and meditation, he received a vision containing the same symbols he had seen in Sanskrit documents and the inspiration of how to use them. Later that day he performed what he considered miracles by healing three different conditions. Dr. Usui worked in the beggars' district for seven years before beginning to teach Reiki throughout Japan.

Mr. Hayashi (Dr. Usui's successor) cured and taught Mrs. Takata, an American woman from Hawaii. She returned to Hawaii to practice and teach Reiki, thereby bringing it to the Western world. At her death in 1978 there were twenty-one masters. Now there are several thousand masters and millions of practitioners all over the world, as well as Reiki associations. In Spain, we have formed Reiki International with the intention of reinstating Reiki as a service to humankind.

There are several Reiki levels. The first level teaches how to work on the physical body. The second level addresses emotional healing and healing at a distance. The resemblance to The Monroe Institute's Dolphin Energy Club method is strong. The third degree, or master, involves working on spiritual levels and teaching Reiki. Since Reiki provides a channel for universal energy, doing Reiki is actually energizing. The practitioner receives healing at the same time and can easily use Reiki skills for her/himself.

A complete Reiki treatment is usually given with the recipient lying down and takes approximately forty-five minutes to an hour. A peaceful atmosphere with soft music is best. So, in our Reiki Center, *METAMUSIC* is always playing. Reiki effectively reduces stress and is a useful complement to other kinds of treatments. People receiving chemotherapy often get an extra boost that helps them adjust to and minimize the mental and physical side effects. Recovery from really strong treatments may take just a few hours instead of days, possibly because Reiki energy stimulates the body's elimination of excess toxins. Patients are encouraged to work closely with their doctors because Reiki may accelerate the healing process and reduce the need for medication, especially painkillers. Post-surgical healing may also be quicker.

I first encountered Reiki at The Monroe Institute. After watching a brief demonstration, I dismissed the whole idea. Back home in Spain, a friend persuaded me to attend a course by an English Reiki master. I went on to take the second degree. My initiation to the master level, by TMI trainer and Reiki master Susan Cord, occurred at the Institute. Since then, I've worked with Reiki intensively and have given about forty courses myself.

The Reiki Center in Jerez has one large classroom and five treatment rooms. At first, students only worked with immediate family members. Then, I invited five acquaintances to come in for sessions. Those five were so pleased that they

came back with friends and family the following week! Now we are working five days a week, giving twenty-five treatments per day. The fifteen to twenty volunteer practitioners work in teams of three or four. Sessions last about twenty-five minutes. There is no charge for this service; those who can afford it donate \$10. Practitioners do not diagnose or prescribe, and all recipients sign a form stating that they understand this is an energy treatment, separate from and complementary to other allopathic or alternative treatments. Both recipients and practitioners come from all walks and styles of life, ranging from a navy admiral to housewives, businessmen, and students. They come by referral rather than advertising, and four more centers are developing in other locations as news of this wonderful opportunity spreads.

METAMUSIC was introduced during work with an American surgeon who relies on energy healing. Her office was very quiet and some patients were nervous as they waited, so I suggested *METAMUSIC*. They commented on how wonderfully relaxed they felt and some didn't want to leave! Next, we gave *METAMUSIC Inner Journey* to a stroke victim who improved greatly in only a week. (Using *METAMUSIC* resolved the language difficulty.) Her children were so happy with the results that I made *METAMUSIC* an integral part of Reiki work. At this time, 180 to 200 patients have received Hemi-Sync at the center and forty to fifty have used it at home. For home therapy *Super Sleep*, *Surf*, and *Cloudscapes* are used because they are all nonverbal. Originally *METAMUSIC ARTIST Volume 1 (Inner Journey and Sleeping through the Rain)* played continuously through speakers in the waiting room and into the healing rooms. Clients claimed they started relaxing on hearing the music. Pillows with speakers were later introduced as an experiment to see if relaxation was enhanced during treatment. The experiment was very successful, especially for assisting people coming for the first visit into a receptive state. The most popular tape was *Surf*, though at times we've used *Soft and Still*, and some request *Cloudscapes*. Children respond so well that one woman was concerned about her son—he had never been so relaxed. This mother later purchased several tapes to play at home.

In all Reiki training classes, the CD version of *Inner Journey* plays during the meditative attunements in which the teacher prepares students to transmit Reiki energy. *Cloudscapes* plays for practice sessions. As another experiment, practitioners taking part listened to *Inner Journey* or *Sleeping through the Rain* on a Walkman® with headphones while working. Several mentioned that it was much easier to stay in a healing mode with *METAMUSIC*. Some later stated that they didn't need it anymore. They had learned to go into that space quickly and easily and remain there without difficulty. Others who initially declined due to fear of becoming "hooked" on it, participated after seeing the results. Whether or not other Hemi-Sync states would be even more beneficial to practitioners and/or recipients for healing purposes remains to be examined.

Recently, people receiving Reiki for stress-related disorders, or chronic degenerative diseases—such as multiple sclerosis—have been given Hemi-Sync tapes as "homework." There are two reasons: to help them to benefit more continuously from the relaxation and healing states induced by the tapes and to engage them more completely in their own health process. Since the 1994 Professional Seminar, new uses of Hemi-Sync have been introduced into the center. Plans are under way for a Reiki retreat. Hemi-Sync tapes will be used to access deeper states of awareness and to achieve

the benefits of hemispheric synchronization—for the practice of Reiki and for personal benefit. The *Introduction to Hemi-Sync* tape will be used to demonstrate the basics. Tape exercises will include *Free Flow Focus 10* and *12* as well as *GOING HOME* selections. Despite the language barrier, we have experimented with *GOING HOME* tapes twice on the Tuesday "practitioner's day" at the Reiki Center. The center planned for Madrid will allow this work to expand, since more people will be comfortable with English.

Among new developments, probably the most important arose from meeting John Garger, codeveloper and promoter of the Institute's *POSITIVE IMMUNITY PROGRAM*, at the 1994 Professional Seminar. After John's talk, I asked whether he had ever tried methods such as Reiki with HIV positive persons. He was totally unfamiliar with Reiki, so I gave him a brief demonstration. John felt the energy flow and resolved his initial skepticism in talks with me and Letitia Derieux, a fellow Reiki master in his area. The result: *POSITIVE IMMUNITY* and Reiki have joined forces in a pilot program in Richmond, Virginia. A group of HIV positive individuals are learning Reiki. They apply it for themselves and their companions as a means of prompting their bodies to respond to the virus and cope with the high stress of AIDS.

There is much more to be studied about Hemi-Sync in conjunction with natural healing methods. My hope is to implement some of these investigations at the Jerez center or with other Reiki practitioners.

[The Monroe Institute is not a medical or therapeutic organization. Hemi-Sync products are intended as a support, not as a replacement for medical diagnosis or treatment.]



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